

APPLICATION FOR HAITI ADOPTION

Family Last Name: _____
(If different or hyphenated last name, list both: Wife/Husband)

- ♥ Please print clearly, initial & sign in ink
- ♥ Use additional paper if necessary
- ♥ Please do not leave any fields blank
- ♥ Use N/A or None as applicable

The information you provide in this application is very important in determining your qualifications as an adoptive family. All information provided will remain confidential and will be used only by CCAI personnel and your social worker to assist you in the adoption process. This application will not go to Haiti. Please do not omit items (i.e. number of divorces, arrest records, medical information and therapeutic issues). Failure to provide accurate and complete information may prevent CCAI from processing your application and may result in the closure of your file. CCAI reserves the right to perform its own confidential investigation pertaining to the information provided by you should CCAI deem it necessary.

CCAI ♥ 6920 S. Holly Circle ♥ Centennial, CO 80112-1018 ♥ USA

♥ Phone: 303-850-9998 ♥ Fax: 303-850-9997 ♥ Email: haiti@ccaifamily.org ♥ Website: www.haitiadoption.org ♥

CCAI is a division of Chinese Children Charities

GENERAL INFORMATION

(Please do not leave any blanks)

WIFE

HUSBAND

FULL LEGAL NAME	_____	_____
NAME YOU GO BY	_____	_____
SOCIAL SECURITY NUMBER	_____	_____
BIRTHPLACE (City/State/Country)	_____	_____
DATE OF BIRTH/AGE	DOB _____ AGE _____	DOB _____ AGE _____
COUNTRY OF CITIZENSHIP*	_____	_____
ETHNICITY	_____	_____
EDUCATION	_____	_____
OCCUPATION	_____	_____
PRIMARY EMPLOYER	_____	_____
HOBBIES/TALENTS	_____	_____

*Non-US citizens must submit a copy of their valid green card and current passport. Naturalized citizens must submit a copy of their Certificate of Citizenship or Certificate of Naturalization.

HOME ADDRESS: _____
STREET ADDRESS CITY COUNTY STATE ZIP CODE

MAILING ADDRESS: _____

(_____) _____ (_____) _____ PRIMARY E-MAIL
HOME PHONE FAX

(_____) _____ (_____) _____ (_____) _____ (_____) _____
WIFE WORK HUSBAND WORK WIFE CELL HUSBAND CELL

Do we have your permission to contact you at work? Wife: **Yes / No** Husband: **Yes / No**

DATE OF CURRENT MARRIAGE: _____ **CITY/STATE/COUNTRY:** _____

WIFE'S MAIDEN NAME: _____

HAVE EITHER OF YOU BEEN PREVIOUSLY MARRIED? Wife: **Yes / No** Husband: **Yes / No**

If previously married, please list how the marriage ended (i.e., annulment, divorce, death), date and previous spouse's name(s).

	How Ended	Date	Previous Spouse's Name
Wife	_____	_____	_____
	_____	_____	_____
Husband	_____	_____	_____
	_____	_____	_____

CHILDREN: Please list all children – born to or adopted by applicants.

Name	Age	Gender	Date of Birth	Birth/Adopted	Ethnicity	Current Location/Custody
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

OTHERS IN HOUSEHOLD (incl. others living in home, living on property, OR working in the home on a regular basis)

Name	Gender	Date of Birth / Age	Relationship
_____	_____	_____ / _____	_____
_____	_____	_____ / _____	_____

ARREST HISTORY

HAVE YOU ***EVER*** BEEN ARRESTED FOR ***ANY*** REASON AT ***ANY*** AGE? (Even if it was expunged, dismissed, dropped, charged in another state or as a minor.) Please be aware that failure to disclose ANY arrest history, even if acquitted, not convicted, or not fingerprinted, will result in immediate closure of your adoption file.

WIFE: YES / NO DATE: _____ REASON: _____ OUTCOME: _____ Clearance Attached

HUSBAND: YES / NO DATE: _____ REASON: _____ OUTCOME: _____ Clearance Attached

If ***YES***, please include the following with your application: 1) a detailed explanation of the arrest, written by you and 2) (if available) a copy of the disposition report obtained from the court in the jurisdiction **in which your arrest occurred**.

HEALTH INFORMATION

	Height	Weight
Wife	_____	_____
Husband	_____	_____

HAVE YOU EVER HAD (W=Wife, H=Husband):

	NO	YES	DATE/EXPLAIN		NO	YES	DATE/EXPLAIN
Tuberculosis	_____	_____	_____	Cancer/Tumor	_____	_____	_____
Heart Disease	_____	_____	_____	Liver Disease	_____	_____	_____
Sexual Disease	_____	_____	_____	Kidney Disease	_____	_____	_____
Mental Illness (1)	_____	_____	_____	Nervous Disorder	_____	_____	_____
Lupus	_____	_____	_____	Seizure Disorder/Epilepsy	_____	_____	_____
Procedures (2)	_____	_____	_____	Genetic Disease	_____	_____	_____
Operations (2)	_____	_____	_____	Counseling or Therapy	_____	_____	_____
Illness/ Injury Requiring Hospitalization	_____	_____	_____	Alcohol Abuse	_____	_____	_____
				Drug Use/Experimentation (3)	_____	_____	_____
				Any Physical Impairment (e.g. blindness, deafness, paralysis, missing limbs, etc)	_____	_____	_____

	NO	YES	DATE/REASON
❖ Have you ever tested positive for HIV and/or Hepatitis B?	_____	_____	_____
❖ Are you currently taking any medications? (1) and (2)	_____	_____	_____
If YES, list name and purpose of medications: _____			

Is infertility one of your reasons for pursuing adoption? Yes/No

Are you pregnant or could be pregnant? Yes/No

HEALTH INSURANCE

HEALTH INSURANCE PROVIDER: _____

Will they cover an adopted child? _____ Will they cover a child with a pre-existing condition? _____

CCAI recommends that adoptive families research their health insurance terms/limits to avoid delays in coverage. We also encourage you to begin thinking about guardianship for your adopted Haitian child. All families will be asked to provide this information during the adoption process.

EXTENDED FAMILY – Use additional paper if necessary. Please list all immediate family members (living or deceased).

WIFE

	Name	Age	City/State	Occupation	Phone Number	Y/N
Father:	_____	_____	_____	_____	(____) _____	_____
Mother:	_____	_____	_____	_____	(____) _____	_____
Sibling:	_____	_____	_____	_____	(____) _____	_____
Sibling:	_____	_____	_____	_____	(____) _____	_____

HUSBAND

	Name	Age	City/State	Occupation	Phone Number	Y/N
Father:	_____	_____	_____	_____	(____) _____	_____
Mother:	_____	_____	_____	_____	(____) _____	_____
Sibling:	_____	_____	_____	_____	(____) _____	_____
Sibling:	_____	_____	_____	_____	(____) _____	_____

EMPLOYER : CCAI will **NOT** contact your employer; however, we still need complete information in this application.

WIFE

HUSBAND

Company Name	_____	_____
Supervisor	_____	_____
Street Address	_____	_____
City/State/ZIP	_____	_____
Phone	_____	_____

REFERENCES (Please print clearly)

Please list three personal references (must be non-family members)

	Name	E-mail Address	Mailing Address	Phone Number
1.	_____	_____	_____	(____) _____
2.	_____	_____	_____	(____) _____
3.	_____	_____	_____	(____) _____

ADOPTION

WHY DO YOU WISH TO ADOPT A CHILD FROM HAITI? _____

Why have you chosen CCAI for this adoption? _____

CHILD or CHILDREN PREFERRED:

Female Male Either

I/We are interested in adopting:

One child

More than one child:

Twins

A sibling group of _____ children

*Please note that Haiti does not allow the adoption of multiple unrelated children

Age Range **At the Time of Referral:** _____ to _____ months/years (please circle one)

Comments: _____

FAMILY ASSESSMENT

YES NO

- Are you presently pursuing adoption possibilities through another agency? Agency name: _____
- Have you ever had a home study completed? Date: _____ Agency name: _____
- Have you ever been denied for the placement of a child?
- Has a child ever been removed from your home?
- Have you ever been charged with child abuse, sexual abuse or domestic violence?

If you answered "YES" to any of the above, please provide a detailed explanation. Letter Attached

ADOPTION(S) Through Another Agency

YES NO

- Have you ever completed an adoption through another agency? Agency name: _____
- Have you ever applied and had your application denied for any adoption program? Agency name: _____
- Have you ever refused a child referral?
- Do you currently have a complete dossier sent to Haiti through another agency? Agency name: _____

If you answered "YES" to any of the above, please provide a detailed explanation. Letter Attached

Please share with us some details about your previous adoption(s), if any:

Date of adoption finalization: _____ Age of child at time of referral: _____ Health status: _____ Domestic _____: Name of Country _____

Date of adoption finalization: _____ Age of child at time of referral: _____ Health status: _____ Domestic _____: Name of Country _____

Your home study will be completed by a CCAI social worker who will be assigned to your family.

IMPORTANT ADOPTION INFORMATION

There are certain risks involved in international adoption. While CCAI will attempt to provide you with all available information about the prospective adoptive child and assist you with the entire adoption process, some unpredictable problems and/or events which are beyond CCAI's control may nevertheless occur. These unpredictable problems and/or events include, but are not limited to: changes in the birth parents' plan, adoption requirements or policies promulgated by the Haitian or U.S. governments, and/or changes in international relations between Haiti and the United States.

In addition, a child you will identify to adopt may have physical and/or emotional problems, minor or major, that have remained partially or totally undiagnosed and which were unknown to CCAI. Therefore, your motivation for adoption and an honest assessment of your strengths and weaknesses in parenting are extremely important.

SIGNATURES

We attest that the information we have provided in this application is true, complete and accurate to the best of our knowledge, and we understand that any and all responses are subject to verification. We have read and understand the information regarding CCAI and the risks involved in international adoption. We understand that the approval of our application does not guarantee the placement of a child. We understand that CCAI reserves the right to close our file at any time if we fail to disclose requested information fully and accurately.

We understand that by signing this application we agree to notify CCAI immediately upon any changes in our personal or family situation including job change, change of address, separation, arrest, divorce, pregnancy, placement of foster or adopted child(ren), significant changes in physical or mental health status, significant changes in financial status or any other significant event at any time during the adoption process. We understand that CCAI reserves the right to close our file should any of these changes disqualify us for Haiti adoption.

Wife: _____ Date: _____
Signature

Husband: _____ Date: _____
Signature

Return with a non-refundable \$250 application fee (\$150 for families who have previously adopted through CCAI).
Make checks payable to CCAI.

**Mail to: CCAI Haiti Adoption Program
6920 S. Holly Circle
Centennial, CO 80112-1018**

Before submission please complete

- | |
|--|
| <p>COLORADO FAMILIES CHECKLIST</p> <ul style="list-style-type: none"><input type="checkbox"/> Application<input type="checkbox"/> Application Fee \$_____<input type="checkbox"/> Applicable Attachments<input type="checkbox"/> Child Abuse Record Search
Signature Page<input type="checkbox"/> Background Investigation Unit
Inquiry Form and Fee<input type="checkbox"/> Three Completed Reference Forms<input type="checkbox"/> Make a copy of this application for
your records |
|--|

CCAI Haiti Adoption

Fee Policy Outline and Agreement for Colorado Families

CCAI is a non-profit 501(c)(3) charitable organization. Our focus and our passion is on placing children in forever families. The purpose of this Fee Policy/Agreement is to outline all CCAI fees to adoptive families throughout the adoption process, our refund policies, and the consequences of non-payment. Your signature below signifies you understand and agree with these policies.

Please note that, in accordance with State and Federal law, as well as our own, strict ethical standards, CCAI does not accept any money or considerations to be received as payment for a child or inducement to release a child. Adoptive families are paying CCAI and other adoption service providers for services; families are not “paying for children.” Additionally, no part of your CCAI fees will be used to fund programs or services that do not pertain to your adoption.

1. CCAI Program Fees

Because families will receive CCAI services over a period of many months during the adoption process, CCAI divides its program fees into four payments – collecting fees only when the family is ready to receive services at each phase.

Payment	Services Covered	Due
1st Program Fee - \$5,450	Adoption Orientation, Adoption Assessment/Home Study, USCIS Filing, Dossier Assistance/Review & Sealing, Domestic Communication, Administration, Translation, Child Match Coordination, State Required Adoption and Parent Training	After application approval
2nd Program Fee - \$1,050	International Communication, Parent Preparation, Haiti Adoption Trip Training, Travel Assistance, and USCIS I-800 Filing Assistance & Translation	At Dossier submission
Post Adoption Fee - \$1,350	Post Adoption Support	Due Prior to I-800 Filing
Refundable Post Adoption Court Validation Deposit - \$200	To be refunded to the family when all post adoption court validation requirements are satisfactorily completed.	Prior to bringing the child home

2. Payments, Refunds, Reductions, or Changes

- A. All fees must be paid in full when they are due.
- B. Adoptive families are entitled to request for their adoption file to be closed at any time during the adoption process by submitting a written request, signed by both parents.
- C. Refund Policy and Schedule:
 - First CCAI Program Fee: 50% refundable within 30 calendar days, 30% refundable within 60 calendar days, and 0% refundable after 60 calendar days of receipt of full payment.
 - Second CCAI Program Fee: 50% refundable within 30 calendar days, 30% refundable within 60 calendar days, and 0% refundable after 60 calendar days of receipt of full payment.
 - Requests for a refund must be made in writing or via email and are dated as of acknowledged receipt by a CCAI representative.
 - * You may request that all or part of your refund be donated to the Children’s Charity Fund. A tax exempt letter will be provided.
 - ** 90 days following closure of your file, all unclaimed refunds will be transferred to the Children’s Charity Fund and a tax exempt letter will be provided.

Initials _____

- D. The amount of the CCAI program fees will not change throughout your adoption. However, if during the adoption process you move to a different state or country, amended Fee and Service agreements may be required, possibly including additional service fees and/or deposits. Should additional adoptive or post adoptive services be required by Haitian government, additional fees and or deposit may be required. CCAI is not responsible for other non-CCAI service related adoption fees/costs that may change/fluctuate while the adoptive family is in process.
- E. CCAI is not responsible for adoption related fees and costs paid to other governmental and/or private agencies, such as USCIS, the Haitian government, U.S. and Haitian Consulates, State Department, travel agencies, etc

Initials _____

3. Consequences of Non-Payment

After notices at 30 and 60 days, if payment of the first fee is not received within 90 days of application approval, and no other written payment arrangements are accepted by CCAI, CCAI will close the adoptive family's file. Adoptive families should inform CCAI if they may not be able to make timely payments, as an alternative payment plan may be possible due to unforeseen circumstances not existing at the time of the application approval.

Initials _____

4. Non-CCAI Fees/Costs (Please refer to "Adoption Expense & Chronology" for details)

- A. Your child abuse clearance report, approval of placement by CO State Department, police clearance report, fingerprints, and filing I-800A to USCIS.
- B. Certification/authentication of your dossier by County Clerk (if required) and the Secretary of State(s).
- C. Your passport(s).
- D. Your international travel and accommodations.
- E. Haitian facilitator and government fees that include dossier processing and adoption finalization.
- F. Orphanage fees paid to the local Haitian orphanage/creche where your child is cared for.
- G. Your child's passport and visa, physical examination, and international travel for him/her to enter the U.S.

I/We have read the CCAI Fee Policy/Agreement carefully and understand that it is my/our responsibility to pay all fees on time in order to receive child placement services from CCAI. I/We understand that while CCAI's fees will NOT change throughout my/our adoption (unless additional adoptive or post adoptive services are required by the Haitian government), non-CCAI fees/costs may change/fluctuate while I/we are in process. I/We further understand that non-CCAI fees/costs paid throughout this adoption are my/our responsibility and are not refundable through CCAI should I/we discontinue the adoption.

I/We have included the first CCAI program fee of \$5,450 (see front page) in the form of:

- Credit Card Authorization Form
- Check or money order, payable to CCAI
- ACH Bank Transfer
- Wire transfer to CCAI

I/We understand that signing this agreement indicates that I/we acknowledge and agree to pay the fees and costs of my/our adoption through CCAI.

Husband's Printed Name

Wife's Printed Name

Husband's Signature

Wife's Signature

Date

Date

This document has been subscribed and affirmed before me in the County of _____
State of _____, this ____ day of _____, 20____. My Commission Expires: ____/____/____

Note: This two-page document is not valid unless both pages are initialed/signed and returned to CCAI. Any changes to this document will automatically void this agreement.

CCAI Service Agreement Colorado Families

This service agreement was entered into between CCAI and _____ (hereafter referred to as the “Adoptive Family”) for the purpose of ensuring mutual understanding between CCAI and the Adoptive Family.

The **Hague Convention** on the Protection of Children and Co-operation in Respect of Inter-Country Adoption (known as the “**Hague Convention**”), an international agreement to establish safeguards to ensure that inter-country adoptions take place in the best interests of the child, identifies **six adoption services**. As defined by the Hague Convention, CCAI will act as your Primary Provider, ensuring that these six adoption services are provided by the multiple entities involved in your adoption process as outlined in the following Service Plan:

	Adoption Service	Provider
1	Identifying a child for adoption and arranging an adoption	The orphanages and the Institut du Bien-Etre Social et de Recherches (IBESR), Haiti’s Central Authority
2	Securing the necessary consent to termination of parental rights and to adoption	The orphanages and the IBESR
3	Performing a background study on a child or a home study on prospective adoptive parent(s), and reporting on such a study	Background study on a child: The orphanage
		Home study on prospective adoptive parent(s): CCAI social worker (an “exempt provider” under Hague)
4	Making non-judicial determinations of the best interests of a child and the appropriateness of an adoptive placement for the child	The IBESR
5	Monitoring a case after a child has been placed with prospective adoptive parents until final adoption	Not applicable in a Haiti adoption, as placement with adoptive parents occurs after adoption finalization
6	When necessary because of a disruption before final adoption, assuming custody of a child and providing or facilitating the provision of childcare or any other social service pending an alternative placement.	Not applicable in a Haiti adoption, as the orphanage maintains the child’s guardianship until the finalization of the adoption.

Based on the information in your application, **CCAI** as the Primary Provider agrees to do the following for the Adoptive Family:

- Provide the Adoptive Family with personalized service throughout the adoption journey.
- Maintain confidentiality of all the Adoptive Family’s identifying information according to CCAI’s Confidentiality Policy.
- Provide the Adoptive Family with accurate and current information about how to prepare for the adoption process, compile the dossier, prepare for child match and travel, fill out United States Citizenship and Immigration Services (USCIS) paperwork, complete post adoption requirements, and access information regarding current match and travel timelines.
- Perform the Hague-identified adoption service of “Performing a home study on prospective adoptive parent(s) and reporting on such a study.” The home study will be prepared by a qualified social worker (considered an exempt provider under Hague) and will meet the requirements of the State of Colorado, the USCIS, and the Institut du Bien Etre Social et de Recherches (IBESR).
- Guide the Adoptive Family through USCIS requirements.
- Provide information and services to the Adoptive Family regarding Colorado pre-adoption requirements.
- Assist and monitor the Adoptive Family’s dossier compilation; review the Adoptive Family’s completed dossier and prepare it to be sent to the IBESR.

- Provide the Adoptive Family with at least 24 hours of adoption and parent training as required by the State of Colorado.
- Act as the Adoptive Family's liaison to the Haitian government between/amongst dossier submission, child match, adoption decree and passport issuing, and post adoption reports submission.
- Be the Adoptive Family's link to their child's orphanage and forward updated information on the Adoptive Family's matched child when available.
- Translate various adoption documents from French to English or from English to French.
- Assist with the arrangement of the Adoptive Family's adoption travel and appointments with the IBESR and U.S. governmental agencies to finalize the adoption.
- In the event of potential disruption (refusing a child prior to adoption finalization in Haiti), provide counseling services and support, and in the event of disruption, contact the appropriate Haitian authorities to return the child to the orphanage.
- In the event of potential dissolution (relinquishing a child at any point after adoption finalization in Haiti), provide counseling services and support, and in the event of dissolution, provide referral services.
- Provide post adoption services to the Adoptive Family and the Adoptive Family's adopted Haitian child in compliance with the IBESR's requirements.

Agency Initial _____ (CCAI Representative)

During our adoption journey we, the **Adoptive Family**, agree to:

- Provide CCAI with the needed documents and participate in the home study visits and process.
- Submit the necessary USCIS forms and documents to CCAI in a timely manner according to USCIS regulations and CCAI's instructions.
- Work with CCAI to ensure that our USCIS approval form approves our family for the age, gender, and medical needs of the child we have accepted or are open to.
- Compile our adoption dossier for submission to the IBESR. CCAI reserves the right to close our file and/or charge an additional dossier service fee if we do not complete the dossier process within nine months of submission of this Service Agreement, following a 30-day written notification.
- Comply with the 24 hours of state-required adoption and parent training, prior to filing the I-800.
- Review, sign, and return our child referral to CCAI in a timely fashion. Should we fail to communicate our decision regarding our child referral, the IBESR will withdraw our referral and close our file, and CCAI will close our adoption file.
- Travel to Haiti (both parents) on the socialization trip for 15 days, and travel to Haiti (at least one parent) to pick up our child.
- Comply with the post adoption requirements of the IBESR and the State of Colorado.
- Notify CCAI of any changes in our personal or family situation including job change, change of address, separation, divorce, pregnancy, placement of foster or adopted child(ren), significant changes in physical or mental health status, significant change in financial status, criminal or neglect charges, or any other significant events that materially impacts our family's ability to be considered for a child placement.
- Discuss with our social worker realistic expectations of the Haiti adoption process as well as expectations regarding the physical and developmental conditions of our future adopted child.
- Stay informed about match and travel timelines and other important information by reading all agency-issued information including CCAI's newsletters, informational memos, website updates, etc.

Adoptive Family Initials _____

We acknowledge and understand that the **USCIS** is responsible for:

- Receiving our initial USCIS filing and inviting us to be fingerprinted.
- Reviewing all our USCIS documents, including the home study, and issuing the Approved Form I-800A which allows us to adopt an orphan from Haiti.
- Issuing our I-800 approval after we submit our matched child information; issuing our adopted Haitian child's visa to enter the United States through the U.S. Consulate in Port-au-Prince, Haiti.

We acknowledge and understand that the **Haitian Government** is responsible for:

- Setting the standards for qualified adopters and dossier requirements for Haiti adoptions.
- Performing the Hague-identified adoption service of “Identifying a child for adoption and arranging an adoption.”
- Receiving and reviewing our dossier documents.
- Performing the Hague-identified adoption service of “Making non-judicial determinations of the best interests of a child and the appropriateness of an adoptive placement for the child.”
- Inviting us to travel to Haiti on the socialization trip.
- Approving us to adopt a specific child.

We acknowledge and understand that the orphanage and **local Haitian authorities** are responsible for:

- Performing the Hague-identified adoption service of “Identifying a child for adoption; securing the necessary consent to termination of parental rights and to adoption.”
- Performing the Hague-identified adoption service of “Performing a background study on a child and reporting on such a study.”
- Performing the Hague-identified adoption service of “Monitoring a case after a child has been placed with prospective adoptive parents until final adoption.”

We, the Adoptive Family, understand that these responsibilities of the **USCIS, the IBSER, and local Haitian authorities** are outside of the control of CCAI.

Adoptive Family Initials _____

We, the Adoptive Family, have read the “Basic Steps and Timeline” document which was sent to us with the Information Packet and is available on the CCAI Haiti website. We understand that the timeframe referred to may change during our adoption process depending on factors such as the speed of dossier preparation, how quickly the USCIS processes our application, the children available, our openness to age, gender and medical condition(s), the current timeline of the Haitian government, political and international events, and other unforeseen circumstances.

Adoptive Family Initials _____

We understand that, upon its completion, we have the opportunity to read and review our home study, excluding the confidential reference section, at the CCAI office.

Adoptive Family Initials _____

We understand that CCAI will make good faith efforts to obtain additional and/or updated information on our matched child, but we acknowledge that receipt of such information is not guaranteed. Updated and/or additional information is not connected to the IBESR’s case review process.

Adoptive Family Initials _____

Should at any point in our adoption process we cease to qualify for Haiti adoption according to the 1974 Haitian *Adoption Law*, current Haitian government policies and practices, and/or U.S. immigration laws, as may be amended from time to time, and even subsequent to our initial application, we understand that the Haitian government may return our dossier and CCAI may close our adoption file.

Adoptive Family Initials _____

We understand the information provided on the family login portion of the CCAI website and the copyrighted Dossier Guide is intended for the sole use of our CCAI adoption. We agree not to transmit this information to any other individuals.

Adoptive Family Initials _____

We, the Adoptive Family, have selected CCAI as our intercountry adoption agency and understand that the goal of our relationship is to have an abandoned/orphaned Haitian child placed with our family. We understand that there



Background Investigations Unit
 1575 Sherman Street, Ground Floor
 Denver, CO 80203-1714

**Please note:
 Fee decreased to
 \$15.00 effective
 February 15, 2015.**

**FACILITY REQUEST FOR BACKGROUND INVESTIGATION
 IN THE CONFIDENTIAL CHILD ABUSE/NEGLECT DATABASE**

Send this request with a check or money order for \$15 payable to CDHS, BIU, and Records & Reports. Mail completed requests to 3550 West Oxford Ave., Denver, CO 80236. Incomplete or unsigned requests cannot be processed and will be returned. Do not send finger print cards. Cash payments will not be accepted.

Please circle the reason for your request: Family Child Care Home, Child Care Center, Preschool, School Age Child Care Center, Day Treatment, Specialized Group Home, RCCF, Adoption (one form per couple), Foster Care (one form per couple), and Camp

The following facility information is completed by the Business Officer:

Facility Name: _____ **CDHS License #:** _____
Complete Address: _____
Business Officer Name & Title: _____ **Phone:** _____

(Please print legibly)

Full name of person to be checked: _____
 Maiden name and other names used: _____
 Birth date: _____ Sex: _____ Race: _____ Social Security #: _____
 Current address: _____
 Previous address: _____

Please circle one of the following: Spouse, Former Spouse, Parent(s) of your children and provide their information below. Add additional names on back of this form.

Full name: _____
 Maiden name and other names used: _____
 Birth Date: _____ Sex: _____ Race: _____ Social Security #: _____

Please provide your children's full name, birthdate and sex. Additional children may be noted on back of this form.

Signature of Person being checked: _____ Date: _____

If you are under 18 years of age, your parent or legal guardian must sign this request.

Spouse's signature: _____ Date: _____

For adoption and foster care, both marriage partners must provide signatures for processing this request.

Note: Under penalties of perjury, the information provided is correct and accurate. False or misleading statements may result in criminal prosecution.



Other State & Other Country Child Abuse Registries

Wife:

Full Legal Name: _____

Previous Names Used: _____

Race: _____

DOB: _____

SS#: _____

Husband:

Full Legal Name: _____

Previous Names Used: _____

Race: _____

DOB: _____

SS#: _____

List States or Countries & Years lived in, **OTHER** than Colorado, since you were 18.

Wife:

List States or Countries & Years lived in, **OTHER** than Colorado, since you were 18.

Husband:

Please return this from with your application. Thank you!